❑ Municipal Court ❑ County Court ❑ District Court _____County, Colorado Court Address: _____ v.	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Bond Number: Division:
COMPENSATED SURETY REQUEST FOR A SHOW CAUSE HEARING	

BOND POSTED FOR: ☐ Defendant ☐ Respondent ☐ Plaintiff ☐ Petitioner ☐ Child

NAME OF PARTY (print or type): _____
First Middle Last DOB

_____, Bail Bonding Agent

_____, Bail Insurance Company, if applicable.

COMES NOW _____, Bail Bonding Agent, and requests this Honorable Court to schedule a show cause hearing, so that said agent may appear and show cause why judgment should not be entered in the above mentioned matter, pursuant to C.R.S. 16-4-114(5)(b)(III).

RESPECTFULLY SUBMITTED (date) _____

❑ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

❑ By checking this box, I am acknowledging that I have made a change to the original content of this form.

Bail Bonding Agent:

_____

Address: _____

City, State & Zip: _____

CERTIFICATE OF SERVICE

I certify that on (date) _____, I served a copy of the Compensated Surety Request for a Show Cause Hearing, by personal service or postage prepaid, to the following:

Prosecuting Attorney:

_____

Address: _____

City, State & Zip: _____

_____
Bail Bonding Agent